

## **HIV ANTIBODY TEST CTR/PCRS PRETEST INFORMATION SHEET & CONSENT FORM**

### **HIV Antibody Test and AIDS**

The following information will help you decide if you should take a blood or oral specimen test for the antibody to the human immunodeficiency virus (HIV). HIV is the primary cause of the acquired immunodeficiency syndrome (AIDS). AIDS is a serious disease in which the body's immune system has been damaged and no longer works properly, resulting in different types of infections and cancers.

Blood samples drawn at Nebraska Health & Human Services (NHHS) funded test sites are sent to the Nebraska Public Health Laboratory. Oral HIV specimens are sent to the Centers for Disease Detection for processing. Each lab uses the ELISA and Western Blot confirmatory tests. The purpose of the ELISA test is to screen for presence of HIV antibodies in the human body. The Western Blot test is used to confirm the ELISA results. The combined accuracy of the two tests is approximately 99.75%. The tests screen for the antibody to HIV and does not test for AIDS, nor will it predict if a person has or will develop AIDS. Only a medical doctor can diagnose AIDS.

### **What does it mean if my test result is negative?**

A negative test means that antibodies to HIV were not detected in the blood or oral sample. This usually means that the person has not been infected with HIV. In some cases, however, a person may have become infected too recently for the test to detect the antibody for HIV. ***It can take as long as six months after exposure to HIV for antibodies to appear.***

### **What does it mean if my test result is positive?**

A positive antibody test means that your body has been infected with HIV and that your immune system has made a substance (antibody) to fight against the virus. A positive antibody test means that the virus is in your body and you could transmit the virus to other people. If your HIV antibody test result is positive, it is important for your doctor to know in order to provide the best medical care for you. They can advise you about decisions such as drug therapies, other issues that may cause problems with the immune system, childbearing, etc. Talking to a doctor may help you make personal decisions about how to protect yourself from re-infection with drug resistant strains of HIV and your sex/needle-sharing partners exposure to HIV. All positive test reports will be forwarded to NHHS Regulation & Licensure as required by Nebraska Revised Statutes 71-501.02 and 71-532. Reports are confidential as provided by Nebraska Revised Statutes 71-503.01. Any breach of confidentiality is punishable by law in Nebraska.

### **How is HIV transmitted?**

HIV is transmitted through contact with blood, semen, vaginal secretions and breast milk. This includes unprotected oral, anal or vaginal sex (including homosexual, heterosexual and bisexual activity), sharing needles (including tattooing, blood rituals and injecting steroids), and transmission from mother to child (during pregnancy, childbirth or breast feeding). **Abstinence** from all sexual and needle-sharing activities, the **consistent, correct use** of latex condoms and other latex barriers during **any sex act**, and/or use of clean needles will greatly reduce the risk of exposure to HIV.

### **How will I be tested?**

When a client requests testing services at an NHHS Counseling and Testing site, an identifying number will be assigned. This number is used by the test site to identify the client. The client will then be counseled on the risks of HIV transmission and will be asked for their consent to be tested. Remember, **all testing is done on a voluntary basis**. You may refuse to consent to this test. In addition, consent may be withdrawn at any time prior to the completion of the test. Once the client has consented to be tested, a small vial of blood or an oral specimen will be collected from the client in order for the appropriate laboratory to perform the test. The client will be given a return appointment date, at which time results will be given. Results will be given only to the person tested and it must be a face-to-face setting. No mail or telephone results will be given. If you do not have your number, you will not be able to get your results.

NHHS HIV Program offers, at limited sites, the **OraSure** HIV test. This device uses oral mucosal transudate to test for HIV antibodies in your body. This test is 99.76% accurate. Another testing option available, at select sites, is the **OraQuick Advance© Rapid HIV Test** screening, which offers same day results. These are done at specifically

approved agencies. If you receive an initial reactive result on the OraQuick Advance © rapid test screening device, another test will be performed on you and will be sent to the appropriate laboratory for further testing.

**Testing options:**

**You have the option to be tested confidentially or anonymously** at any NHHS funded test site. Choose the option that best suits your needs and inform the counselor on which option you have chosen.

**Confidential** means that you will be asked for your name, address, birth date and telephone number so that you can be referred for additional services in the event that your test is positive. Your signature is required for this option. You will be given a number that will be used to label your blood specimen, and will also be your identifier for receipt of results. **Do not lose this number.** If you lose this number, your only option will be to get retested. All confidential information will be kept in a locked file cabinet in this office.

**Anonymous** means that the only information that is used to identify you is the number the site assigns to identify your test results. Again, **do not lose this number.** If you lose this number, your only option will be to get retested. A signature is required on the consent form, but it does not have to be your name. All anonymous information will be kept in a locked file cabinet in this office.

**Partner/spousal notification** services are offered by NHHS free of charge to the HIV positive client, regardless of your testing option. This program is voluntary, and notification is done anonymously by specially trained individuals. The program is designed to help prevent the continued spread of HIV infection. If you choose to use these services, identifying information will be solicited from you about your sex and/or needle-sharing partners (ask your counselor about partner notification). Again, all notification is done anonymously.

Partner/Spousal notification was explained to me \_\_\_\_\_ (initial here)

\*\*\*\*\*

I have read the information presented above and it has been completely and clearly explained to me. All of my questions have been answered. I hereby authorize the NHHS representative counseling and testing site to test my blood or oral mucosal transudate for the HIV antibody:

**FOR CONFIDENTIAL TESTS ONLY:**

I wish to be tested anonymously

**FOR ANONYMOUS TESTS ONLY:**

I wish to be tested anonymously

Name \_\_\_\_\_

Signature: \_\_\_\_\_

\_\_\_\_\_  
(PLEASE PRINT)

Date: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
Witness Signature (Counselor)

\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Specimen # \_\_\_\_\_

\_\_\_\_\_

Site # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Phone # \_\_\_\_\_



## TESTING FACTS: Anonymous versus Confidential

### ANONYMOUS\*

Appointment by identifier number.

Your real name not required.

All HIV information kept in separate locked files at this site.

Pretest consultation provided prior to test.

Witnessed informed consent. A signature is required.

Blood specimen sent to State lab by number only.

Results received in person only.

Post-test consultation provided.

Partner notification offered to seropositive clients.

Positive report to NHHS by number only.

Positive report to CDC by number only.

If positive, impossible to notify if appointment missed, or to offer services.

Impossible to contact if problem with test result and retesting is necessary.

Possible to identify information regarding sex/needle sharing partners you are concerned about notifying.

Information provided for services related to medical, mental health, support, etc., only at time of post-test counseling.

### CONFIDENTIAL

Appointment usually by number, may be by name if you prefer.

Name, address, birth date, telephone number kept confidentially as are all other medical records.

All HIV related information kept in separate, files at this site.

Pretest consultation provided prior to test.

Witnessed informed consent. You sign your real name.

Blood specimen sent to the State Lab by number only.

Results received in person only.

Post-test consultation provided.

Partner notification offered to seropositive clients.

Positive report to NHHS by number, name, address, birth date and telephone number.

Positive report to CDC by number only.

If positive, possible to notify if appointment missed, or to offer services.

Possible to contact if problem with test result and retesting is necessary.

Possible to identify information regarding sex/needle sharing partners you are concerned about notifying.

Information provided and referrals facilitated to services related to medical, mental health, support, etc., after post test counseling.

**\*Clients tested anonymously must be willing to identify themselves if they apply for any other services such as Ryan White or medical treatment.**

